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R.P.B.

Patent

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

Inventor: HORNG

Examiner: D. Moses

Serial No: 08/954,821

Art Unit: 3746

Filed: October 21, 1997

Atty Dkt: EM/KLK/3239

For: POSITIONING DEVICE FOR A SENSOR  
ELEMENT OF A MINIATURE FAN

**AMENDMENT AND RESPONSE**

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

This is responsive to the Official Action dated February 1, 1999, in the above application. In view of the following amendments and remarks, reconsideration of the application is respectfully requested.

AMENDMENT

Please amend the application in accordance with the following particulars.

IN THE CLAIMS:

Please cancel claim 2, without prejudice or disclaimer. Please amend claims 1 and 4 as follows:

1. (Amended) A positioning device for a miniature fan, comprising:  
a coil seat including an axle tube, an upper polar plate assembly, a lower polar plate assembly, [and] a winding mounted between the upper polar plate

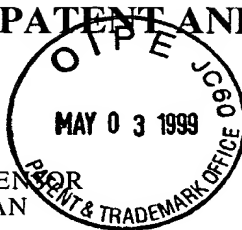
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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: HORNG

SERIAL NO.: 08/954,821

FILED: October 21, 1997

FOR: POSITIONING DEVICE FOR A SENSOR  
ELEMENT OF A MINIATURE FAN

GROUP ART UNIT: 3746

EXAMINER: D. Moses

ATTY. REFERENCE: EM/KLK/3239

THE COMMISSIONER OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

Sir:

Transmitted herewith is a communication/amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☒ No additional fee is required.

The fee, if any, has been calculated as shown below:

| Fee Basis  | Number of Claims After Amendment | Highest Number Previously Paid For | Extra Claims   | Small Entity | Full Fee  |
|--|----------------------------------|------------------------------------|----------------|--------------|-----------|
| Total Claims   |                                  | - <sup>1</sup>                     | = <sup>3</sup> | × \$ 9 =     | × \$ 18 = |
| Independent Claims   |                                  | - <sup>2</sup>                     | = <sup>3</sup> | × \$ 39 =    | × \$ 78 = |
| <input type="checkbox"/> First Presentation of Proper Multiple Dependent Claim |                                  |                                    |                | + \$130 =    | + \$260 = |
| TOTAL  |                                  |                                    |                |              |           |

<sup>1</sup> If less than 20 enter 20.<sup>2</sup> If less than 3 enter 3.<sup>3</sup> If less than 0 enter 0.

- ☐ Please charge my Deposit Account Number 02-0200 in the amount of \$ \_\_\_\_\_. A duplicate copy of this sheet is attached.
- ☐ A check in the amount of \$ \_\_\_\_\_ is attached.
- ☒ The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees due under 37 CFR 1.16 and 37 CFR 1.17 or credit any overpayment to Deposit Account Number 02-0200. A duplicate copy of this sheet is attached.
- ☐ Also enclosed is/are:

FAX RECEIVED  
MAY 04 1999  
Group 3700

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(703) 683-0500

DATE: April 28, 1999

Respectfully submitted,

Klifton L. Kime  
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Registration Number: 42,733